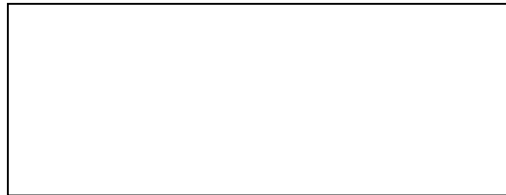


KINDERGARTEN '07 AND FIRST GRADE TEACHER QUESTIONNAIRE



Prepared for the U.S. Department of Education
National Center for Education Statistics

by RTI International
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Assurance of Confidentiality

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be reported. There is one exception. Under the USA Patriot Act of 2001, the Attorney General of the United States could get information collected in this study under court order to use to investigate and prosecute acts of terrorism.

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Child's Social Development

1. For each of the behaviors indicate how often you see the child behave in this way. For items that ask about how the child behaves with other children, consider other children in the class. MARK (X) ONE RESPONSE ON EACH LINE.

| | <u>Never</u> | <u>Rarely</u> | <u>Sometimes</u> | <u>Often</u> | <u>Very often</u> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Is accepted and liked by other children..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Makes friends easily..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Shows eagerness to learn new things..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Pays attention well..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Works or plays independently (without the need for adult direction)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Keeps on working until finished with whatever he/she is asked to do..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Shares toys and other belongings with other children..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Stands up for other children's rights (for example, "That's his!" or "It's her turn!")..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Comforts other children who are upset..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Tries to understand another child's behavior (for example, child asks, "Why are you crying?")..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Acts impulsively without thinking (for example, runs across the street without looking)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Disrupts other children's ongoing activities..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Is overly active - unable to sit still..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Has difficulty concentrating or staying on task..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Is restless and fidgety..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Has temper outbursts or tantrums..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Is physically aggressive (for example, hits, kicks, or pushes)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Bothers and annoys other children..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s. Seems unhappy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t. Worries about things..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u. Acts shy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Shows imagination in work and play..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Class Characteristics

2. As of today's date, how many children in this child's class (including this child) belong to each of the following racial-ethnic groups? ENTER '0' IN THE BOX IF THERE ARE NO CHILDREN IN A CATEGORY.

| | | |
|---|----------------------|----------------------|
| a. American Indian or Alaska Native..... | <input type="text"/> | <input type="text"/> |
| b. Asian..... | <input type="text"/> | <input type="text"/> |
| c. Black or African American..... | <input type="text"/> | <input type="text"/> |
| d. Hispanic or Latino, regardless of race..... | <input type="text"/> | <input type="text"/> |
| e. Native Hawaiian or Other Pacific Islander..... | <input type="text"/> | <input type="text"/> |
| f. White..... | <input type="text"/> | <input type="text"/> |
| | + | |
| | ----- | |
| g. Total class size..... | <input type="text"/> | <input type="text"/> |

- 3a. As of today's date, how many boys and girls are there in this child's class (including this child)?

Note: These should sum to the total class size given in question 2.

Number of boys

Number of girls

- 3b. Including yourself, how many staff usually work in this classroom? ENTER '0' IN THE BOX IF THERE ARE NO STAFF IN A CATEGORY.

Number of teachers

Number of volunteers

Number of paid aides

4. How many children with limited English proficiency (LEP) do you have in this class?
5. How many children in your class have a diagnosed physical or psychological disability and need special services?

Program characteristics

6. Is this child enrolled for a full-day or a half-day class? MARK (X) ONE. DO NOT ADD IN HALF-DAY ENRICHMENT OR OTHER BEFORE OR AFTER CLASS PROGRAMS.

Full-day Kindergarten..... ☐

Half-day Kindergarten..... ☐

Not applicable; child is in 1st grade..... ☐

7. How many hours per day does this child's class normally meet? WRITE THE NUMBER TO THE NEAREST HALF HOUR, FOR EXAMPLE, 2.5, 3.0, 3.5.

Number of hours/day .

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|



8. In what type of class is this child enrolled? MARK (X) ONE. PLEASE READ ALL THE RESPONSE CHOICES AND THEN SELECT **ONLY ONE**.

- Regular kindergarten class** (1-year program; traditional year of school primarily for 5 year-olds prior to first grade)..... ☐
- 1st year of a **2-year kindergarten program**..... ☐
- 2nd year of a **2-year kindergarten program**..... ☐
- Transitional (or readiness) kindergarten** (extra year of school for kindergarten-age eligible children who are judged not ready for kindergarten)..... ☐
- Transitional/pre-1st grade class** (extra year of school for children who have attended kindergarten but have been judged not ready for first grade)..... ☐
- Special education class**..... ☐
- First grade class** (traditional first grade class)..... ☐
- Second grade class** (traditional second grade class)..... ☐
- Ungraded class** with at least some kindergarten-aged children (a classroom containing kindergarten-aged students, possibly in combination with other ages, not formally identified as a "kindergarten" class)..... ☐
- Multigrade class** with at least some kindergarten-aged children (a classroom containing kindergarten and some combination of other grades - for example a combination pre-kindergarten/kindergarten)..... ☐

8a. Is your program a Montessori program?

Yes..... ☐

No..... ☐

Class Activities

9. Does this child's class have the following interest areas or centers for activities?

MARK (X) ONE RESPONSE ON EACH LINE.

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. Reading area with books..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Listening center..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Writing center or area..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Math area with manipulatives..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Area for playing with puzzles and blocks (Legos, etc.)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Computer area..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Science or nature area with manipulatives..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Dramatic play area or corner..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Art area..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Blocks/construction area..... | <input type="checkbox"/> | <input type="checkbox"/> |

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10. How **often** AND **how much time** do children in this class usually work on lessons or projects in the following general topic areas, whether as a whole class, in small groups, or in individualized arrangements? (If two subjects are typically covered at the same time, count that time for both subject areas.)

For some programs, time spent on individual activities may vary by day or by child. Please provide your best estimate.

MARK (X) ONE RESPONSE IN EACH ROW AND WRITE IN THE AVERAGE NUMBER OF MINUTES PER DAY.

| | How Often? | | | | | How Much Time? | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--|--|--|
| | Never | Less than once a week | 1-2 times a week | 3-4 times a week | Daily | AVERAGE NUMBER OF MINUTES PER DAY. WRITE IN ZERO ("0") IF NEVER DONE. | | | |
| a. Reading and language arts..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | | | | | | |
| b. Mathematics..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | | | | | | |
| c. Social studies..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | | | | | | |
| d. Science..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | | | | | | |
| e. Music..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | | | | | | |
| f. Art..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | | | | | | |
| g. Dance/creative movement..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | | | | | | |
| h. Theater/creative dramatics..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | | | | | | |
| i. Foreign language..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | | | | | | |
| j. English-as-a-second-language (ESL) or English Language Learners (ELL)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <table border="1"><tr><td></td><td></td><td></td></tr></table> | | | |
| | | | | | | | | | |

11. In a typical day, how much time do the children in this class spend in the following activities?

For some programs, time spent on individual activities may vary by day or by child. Please provide your best estimate.

FILL IN THE NUMBER OF HOURS AND MINUTES FOR EACH ROW.

FOR EXAMPLE, " 1 hours, 30 minutes /day" OR " 0 hours, 45 minutes / day"

| | | | | | |
|--|--|--|---|--|--|
| a. Teacher-directed whole class activities?..... | <table border="1"><tr><td></td></tr></table> hours | | <table border="1"><tr><td></td><td></td></tr></table> minutes / day | | |
| | | | | | |
| | | | | | |
| b. Teacher-directed small group activities?..... | <table border="1"><tr><td></td></tr></table> hours | | <table border="1"><tr><td></td><td></td></tr></table> minutes / day | | |
| | | | | | |
| | | | | | |
| c. Teacher-directed individual activities?..... | <table border="1"><tr><td></td></tr></table> hours | | <table border="1"><tr><td></td><td></td></tr></table> minutes / day | | |
| | | | | | |
| | | | | | |
| d. Child-selected activities?..... | <table border="1"><tr><td></td></tr></table> hours | | <table border="1"><tr><td></td><td></td></tr></table> minutes / day | | |
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12. How many times **each week** does this child's class usually have physical education? (**Do not include recess time here.**) For some programs, time spent on individual activities may vary by day or by child. Please provide your best estimate. MARK (X) ONE RESPONSE.

Never..... ☐ (SKIP TO QUESTION 14)
 Less than once a week..... ☐
 Once or twice a week..... ☐
 Three or four times a week..... ☐
 Daily..... ☐

13. How much time **each day** do children in your class usually spend when they participate in physical education? MARK (X) ONE RESPONSE.

1-15 minutes/day..... ☐ Or check here ☐ if your
 16-30 minutes/day..... ☐ program does not have
 31-60 minutes/day..... ☐ physical education.
 More than 60 minutes/day..... ☐

14. Between the starting bell and the dismissal bell, how many times a day do children have recess? MARK (X) ONE RESPONSE.

No recess..... ☐
 Once..... ☐
 Twice..... ☐
 Three or more times..... ☐

15. In a typical day, how much time does this class spend in the following activities? WRITE IN THE NUMBER OF MINUTES ON EACH LINE. WRITE "0" IF THE CLASS DOES NOT SPEND TIME IN THAT ACTIVITY.

**Number of
minutes
per day**

a. Lunch.....

| | | |
|--|--|--|
| | | |
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 Or check here ☐ if your program does not offer lunch.

b. Free play indoors (including recess).....

| | | |
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c. Free play outdoors (including recess).....

| | | |
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16. During structured and unstructured play time, how does this child compare with other children in the class in terms of physical activity? MARK (X) ONLY ONE RESPONSE.

A lot less active than most..... ☐
 A little less active than most..... ☐
 About the same as most..... ☐
 A little more active than most..... ☐
 A lot more active than most..... ☐

| | | | | |
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17. How often do you separate this child's class into ability groups for reading and math activities or lessons? For some programs, time spent on individual activities may vary by day or by child. Please provide your best estimate. MARK (X) ONE RESPONSE ON EACH LINE.

| | <u>Never</u> | <u>Less than once a week</u> | <u>1-2 times a week</u> | <u>3-4 times a week</u> | <u>Daily</u> |
|--|--------------|--------------------------------------|---------------------------------|---------------------------------|--------------|
|--|--------------|--------------------------------------|---------------------------------|---------------------------------|--------------|

- | | | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Reading..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Math..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

18. What languages are used for **instruction** in this child's class? MARK (X) ALL THAT APPLY.

- | | |
|--|--------------------------|
| a. English..... | <input type="checkbox"/> |
| b. Spanish..... | <input type="checkbox"/> |
| c. Vietnamese..... | <input type="checkbox"/> |
| d. Chinese..... | <input type="checkbox"/> |
| e. Japanese..... | <input type="checkbox"/> |
| f. Korean..... | <input type="checkbox"/> |
| g. A Filipino language..... | <input type="checkbox"/> |
| h. Another Asian language..... | <input type="checkbox"/> |
| i. American Sign language (ASL)..... | <input type="checkbox"/> |
| j. Other language (PLEASE SPECIFY):..... | <input type="checkbox"/> |

19. How often do the children in this child's class do the following activities? For some programs, time spent on individual activities may vary by day or by child. Please provide your best estimate. MARK (X) ONE RESPONSE ON EACH LINE.

| | <u>No library or media center in this school</u> | <u>Once a month or less</u> | <u>Two or three times a month</u> | <u>Once or twice a week</u> | <u>Three or four times a week</u> | <u>Daily</u> |
|--|--|-------------------------------------|---|-------------------------------------|---|--------------|
|--|--|-------------------------------------|---|-------------------------------------|---|--------------|

- | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Go to the school library or media center..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Borrow materials from the library or media center..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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20. How many hours per week does a paid aide usually assist in this child's class working directly with children on instructional tasks? WRITE IN THE NUMBER OF HOURS PER WEEK. IF THERE ARE NO PAID AIDES THAT DO THIS TYPE OF WORK IN THE CLASS, WRITE IN "0".

| | |
|--|--|
| | |
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 hrs/week

Instructional Activities and Curricular Focus

21. Does this child receive instruction in any of the following grouping formats in your school? MARK (X) ONE RESPONSE ON EACH LINE.

| | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| a. Small group for regular instruction in reading..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Individual tutoring in reading..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Pull-out small group for remedial instruction in reading..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Small group for regular instruction in mathematics..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Individual tutoring in mathematics..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Pull-out small group for remedial instruction in mathematics..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Pull-out English as a Second Language (ESL) or English Language Learners (ELL) program (instructional program designed to teach listening, speaking, reading, and writing English language skills to children with limited English proficiency)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. In-class English as a Second Language (ESL) or English Language Learners (ELL) program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Gifted and talented program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Pull-out speech and language instruction (in English)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Special education program (do not include speech therapy)..... | <input type="checkbox"/> | <input type="checkbox"/> |

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22. For this school year as a whole, please indicate how often each of the following **READING** and **LANGUAGE ARTS** skills is taught in your class. For some programs, time spent on individual activities may vary by day or by child. Please provide your best estimate.
MARK (X) ONE RESPONSE ON EACH LINE.

| | <u>Never</u> | <u>Once a month or less</u> | <u>2-3 times a month</u> | <u>1-2 times a week</u> | <u>3-4 times a week</u> | <u>Daily</u> |
|---|--------------------------|-------------------------------------|------------------------------|-----------------------------|-----------------------------|--------------------------|
| a. Conventions of print (left to right orientation, book holding)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Alphabet and letter recognition..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Matching letters to sounds..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Writing own name (first and last)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Rhyming words and word families..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Common prepositions such as over and under, up and down..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Identifying the main idea and parts of a story..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Making predictions based on text..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Using context cues for comprehension..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Communicating complete ideas orally..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Remembering and following directions that include a series of actions..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Composing and writing complete sentences..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Composing and writing stories with an understandable beginning, middle, and end..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Conventional spelling..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Vocabulary..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



23. For this school year as a whole, please indicate how often each of the following **MATH** skills is taught in this child's class? For some programs, time spent on individual activities may vary by day or by child. Please provide your best estimate. MARK (X) ONE RESPONSE ON EACH LINE.

| | <u>Never</u> | <u>Once a month or less</u> | <u>2-3 times a month</u> | <u>1-2 times a week</u> | <u>3-4 times a week</u> | <u>Daily</u> |
|---|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Correspondence between number and quantity..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Writing all numbers between 1 and 10..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Counting by 2s, 5s, and 10s..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Counting beyond 100..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Writing all numbers between 1 and 100..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Recognizing and naming geometric shapes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Identifying relative quantity (e.g., equal, most, less, more)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Sorting objects into subgroups according to a rule..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Ordering objects by size or other properties..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Making, copying, or extending patterns..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Recognizing the value of coins and currency... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Adding single-digit numbers..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Subtracting single-digit numbers..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Place value..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Reading two-digit numbers..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Reading three-digit numbers..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Mixed operations (e.g., $4+3-2=5$)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Reading simple graphs..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s. Performing simple data collection and graphing..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t. Fractions (e.g., recognizing that $\frac{1}{4}$ of a circle is colored)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u. Ordinal numbers (e.g., first, second, third)... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Using measuring instruments accurately..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w. Telling time..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x. Estimating quantities..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| y. Estimating probability..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| z. Writing math equations to solve word problems..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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24. Which curriculum, if any, do you use the most for teaching **Reading** in this child's class?

MARK (X) ONE RESPONSE.

MARK (X) NONE IF YOU DO NOT USE A SPECIFIC LANGUAGE ART OR READING SERIES OR PROGRAM FOR THIS CHILD'S CLASS.

- A Beka Curriculum (A Beka)..... ☐
- Breakthrough to Literacy (McGraw-Hill/The Wright Group)..... ☐
- Building Blocks (Carson-Dellosa Publishing)..... ☐
- Harcourt Language (Harcourt)..... ☐
- Houghton-Mifflin (Houghton-Mifflin)..... ☐
- Land of the Letter People (Abrams and Co.)..... ☐
- Open Court Reading Program (SRA/McGraw-Hill)..... ☐
- Rigby Literacy (Harcourt)..... ☐
- Saxon Phonics (Saxon/Harcourt)..... ☐
- Scholastic Literacy Place (Scholastic)..... ☐
- Scott Foresman Reading (Scott Foresman)..... ☐
- Success for All (SFA)..... ☐
- Treasures (Macmillan/McGraw-Hill)..... ☐
- Trophies (Harcourt)..... ☐
- Zoo-Phonics (Zoo-Phonics)..... ☐
- State-specific Curriculum..... ☐
- Other, (please print curriculum name and publisher)..... ☐

NONE..... ☐

25. Which curriculum, if any, do you use the most for teaching **Mathematics** in this child's class?

MARK (X) ONE RESPONSE.

MARK (X) NONE IF YOU DO NOT USE A SPECIFIC MATHEMATICS SERIES OR PROGRAM FOR THIS CHILD'S CLASS.

- A Beka Curriculum (A Beka)..... ☐
- Bridges in Mathematics (MLC)..... ☐
- Everyday Mathematics/Chicago Mathematics (McGraw-Hill)..... ☐
- Growing with Mathematics (McGraw-Hill)..... ☐
- Houghton-Mifflin Mathematics (Houghton-Mifflin)..... ☐
- Investigations in Number, Data, and Space (TERC)..... ☐
- Math Advantage (Harcourt Brace)..... ☐
- Mathematics Their Way (Addison Wesley)..... ☐
- Math Trail Blazers (Kendall/Hunt Publishing)..... ☐
- Saxon Mathematics (Saxon/Harcourt)..... ☐
- Scott Foresman Mathematics (Scott Foresman)..... ☐
- Silver Burdett & Ginn Mathematics: Exploring Your World (Silver Burdett)..... ☐
- Voyages (Cambium Learning)..... ☐
- State-specific Curriculum..... ☐
- Other (please print curriculum name and publisher)..... ☐

NONE..... ☐

26. How often do children in this class use computers for the following purposes? For some programs, time spent on individual activities may vary by day or by child. Please provide your best estimate.

MARK ONE RESPONSE ON EACH LINE.

| | <u>Never</u> | <u>Once a month or less</u> | <u>2-3 times a month</u> | <u>Once or twice a week</u> | <u>3-4 times a week</u> | <u>Daily</u> |
|--|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|
| a. To learn reading, writing, or spelling..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. To learn math..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. To learn social studies concepts..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. To learn science concepts..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. To learn keyboarding skills..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. To create art..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. To compose and/or to perform music..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. For enjoyment (e.g., games)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. To access the Internet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



27. For this school year as a whole, please indicate which of the following **SCIENCE** or **SOCIAL STUDIES** topics or skills are taught in your class? MARK (X) ALL THAT APPLY.

- a. Scientific method..... ☐
- b. Human body (e.g., senses, basic systems)..... ☐
- c. Plants and animals..... ☐
- d. Dinosaurs and fossils..... ☐
- e. Solar system and space..... ☐
- f. Ecology..... ☐
- g. Geography..... ☐
- h. Weather (e.g., rainy, sunny)..... ☐
- i. Understand and measure temperature..... ☐
- j. Water..... ☐
- k. Sound..... ☐
- l. Light..... ☐
- m. Magnetism and electricity..... ☐
- n. Machines and motors..... ☐
- o. Tools and their uses..... ☐
- p. Health, safety, nutrition, and personal hygiene..... ☐
- q. Important figures and events in American history... ☐
- r. Community resources (e.g., grocery store, police)... ☐
- s. Map-reading skills..... ☐
- t. Different cultures..... ☐
- u. Reasons for rules, laws, and government..... ☐
- v. Social-problem solving..... ☐

Evaluation

28. How important is each of the following in evaluating the children in this class? MARK (X) ONE RESPONSE ON EACH LINE.

- | | <u>Not
important</u> | <u>Somewhat
important</u> | <u>Very
important</u> | <u>Extremely
important</u> | <u>Not
applicable</u> |
|--|--------------------------|-------------------------------|---------------------------|--------------------------------|---------------------------|
| a. Individual child's achievement relative to the rest of the class..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Individual child's achievement relative to local, state, or professional standards..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Individual improvement or progress over past performance..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Effort..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Class participation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Classroom behavior or conduct..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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29. Which of the following **best** describes your evaluation and grading practices for different types of children in this class? MARK (X) ONLY ONE RESPONSE.

I hold the same standards for most children, but I make exceptions for children with special needs (for example, children with disabilities, children with limited English proficiency)..... ☐

I hold different standards for different children based on what I think they are capable of..... ☐

I hold the same standards for everyone in my class..... ☐

30. How often do you use the following to assess your children? MARK (X) ONE RESPONSE ON EACH LINE.

| | <u>Never</u> | <u>Once or twice a year</u> | <u>1-2 times a month</u> | <u>1-2 times a week</u> | <u>3-4 times a week</u> |
|---|--------------------------|---------------------------------|------------------------------|-----------------------------|-----------------------------|
| a. State or local standardized tests..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Teacher-made tests or quizzes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Individual or group projects..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Tests from text book series (e.g., end-of-unit or chapter)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Teacher observation of specific objectives..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Transition to kindergarten

31. In some schools, special efforts are made to make the transition into kindergarten less difficult for children. Which, if any, of the following were done for the children in this child's class? MARK (X) ONE RESPONSE ON EACH LINE OR

MARK HERE ☐ IF CHILD IS IN FIRST GRADE, AN UNGRADED CLASS, OR SOME OTHER CLASS THAT IS NOT KINDERGARTEN AND SKIP TO QUESTION 32.

| | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. I (or someone at the school) phone or send home information about the kindergarten program to parents..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Preschoolers spend some time in the kindergarten classroom..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The school days are shortened at the beginning of the school year..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Parents and children visit kindergarten prior to the start of the school year..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I (or another teacher) visit the homes of the children at the beginning of the school year..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Parents come to the school for orientation prior to the start of the school year..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. School entry is staggered where kindergartners start the school year in smaller groups before meeting with the full class..... | <input type="checkbox"/> | <input type="checkbox"/> |

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Home/School Connections

32. How often do you typically schedule conferences with parents/guardians to discuss the progress of their child?

- Never..... ☐
 Once a year..... ☐
 Twice a year..... ☐
 3-4 times a year..... ☐
 More than 4 times a year..... ☐

33. Have you met with **this child's** parent(s)/guardian(s) so far this year to discuss the child's individual progress or status?

- Yes..... ☐
 No..... ☐

Attitudes

34. How important do you believe the following characteristics are for a child to be ready for kindergarten?
 MARK (X) ONE RESPONSE ON EACH LINE OR

MARK HERE ☐ IF CHILD IS IN FIRST GRADE, AN UNGRADED CLASS, OR SOME OTHER CLASS THAT IS NOT KINDERGARTEN AND SKIP TO QUESTION 36.

| | <u>Not important</u> | <u>Not very important</u> | <u>Somewhat important</u> | <u>Very important</u> | <u>Essential</u> |
|--|--------------------------|-------------------------------|-------------------------------|---------------------------|--------------------------|
| a. Finishes tasks..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Can count to 20 or more..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Takes turns and shares..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Has good problem-solving skills..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is able to use pencils and paint brushes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Is not disruptive of the class..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Knows the English language..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Is sensitive to other children's feelings..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Sits still and pays attention..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Knows most of the letters of the alphabet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Can follow directions..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Identifies primary colors and shapes..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Communicates needs, wants, and thoughts verbally in primary language..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



35. Please indicate the extent to which you agree with each of the following statements on children's preparation for school. MARK (X) ONE RESPONSE ON EACH LINE OR

MARK HERE ☐ IF CHILD IS IN FIRST GRADE, AN UNGRADED CLASS, OR SOME OTHER CLASS THAT IS NOT KINDERGARTEN AND SKIP TO QUESTION 36.

| | <u>Strongly disagree</u> | <u>Disagree</u> | <u>Neither agree nor disagree</u> | <u>Agree</u> | <u>Strongly agree</u> |
|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| a. Attending preschool (for example, nursery school, prekindergarten, or Head Start) is very important for success in kindergarten..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Children who begin formal reading and math instruction in preschool will do better in elementary school..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Parents should make sure their children know the alphabet before they start kindergarten..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Most children should learn to read in kindergarten..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Parents need help in learning how to teach their children how to read..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Parents should set aside time every day for their kindergarten children to practice schoolwork..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Homework should be given to kindergarten children almost every day..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Parents should read to their children and play counting games at home regularly..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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36. Please indicate the extent to which you agree with each of the following statements.

MARK (X) ONE RESPONSE ON EACH LINE.

| | <u>Strongly disagree</u> | <u>Disagree</u> | <u>Neither agree nor disagree</u> | <u>Agree</u> | <u>Strongly agree</u> |
|---|------------------------------|--------------------------|---|--------------------------|---------------------------|
| a. Students should not be promoted to the next grade level if their academic skills were below average..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A second year in kindergarten allows children time to gain skills necessary for first grade..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Early grade years are the best time to retain a student and build up his/her foundation of learning skills..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Children who are age-eligible for kindergarten but lack emotional or social maturity should be held out to allow an extra year to mature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Retention in the early years promotes behavior problems in later years..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Small class size reduces a student's chance of being retained..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Kindergartners benefit from mix-age grouping of students..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Children should not enter kindergarten until they have necessary social skills (e.g., follow directions, take turns, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Children should not enter kindergarten until they have necessary pre-academic skills (e.g., letter recognition, ability to count, etc.)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Delaying kindergarten entry has no long-term effects in academic achievement..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Holding children out does not result in any social advantage..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



37. Please indicate the extent to which you agree with each of the following statements. MARK (X) ONE RESPONSE ON EACH LINE.

| | <u>Strongly disagree</u> | <u>Disagree</u> | <u>Neither agree nor disagree</u> | <u>Agree</u> | <u>Strongly agree</u> |
|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| a. I really enjoy my present teaching job..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I am certain I am making a difference in the lives of the children I teach..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If I could start over, I would choose teaching again as my career..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I have control over the selection of skills to be taught..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I have control over decisions about teaching techniques..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I have control over discipline in my classroom.. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Many of the children I teach are not capable of learning the material I am supposed to teach them..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The academic standards at this school are too low..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Your Background

38. What is your gender?

Male..... ☐

Female..... ☐

39. In what year were you born? 19

| | |
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40. Are you of Hispanic or Latino origin? MARK (X) ONE RESPONSE.

Yes..... ☐

No..... ☐

41. Which best describes your race? MARK (X) ONE OR MORE.

American Indian or Alaska Native..... ☐

Asian..... ☐

Black or African American..... ☐

Native Hawaiian or Other Pacific Islander..... ☐

White..... ☐

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42. Counting this school year, how many years have you been a schoolteacher? PLEASE INCLUDE PART-TIME TEACHING POSITIONS.

| | |
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| | |
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 Years

43a. Counting this school year, how many years have you taught kindergarten? PLEASE INCLUDE PART-TIME TEACHING POSITIONS.

| | |
|--|--|
| | |
|--|--|

 Years

43b. Do you currently teach kindergarten?

Yes.....☐ No.....☐

44. What is the highest level of education you have completed? MARK (X) ONLY ONE RESPONSE.

- High school diploma or GED..... ☐
- Associate's degree..... ☐
- Bachelor's degree..... ☐
- At least one year of course work beyond a Bachelor's but not a graduate degree..... ☐
- Master's degree..... ☐
- Education specialist or professional diploma based on at least one year of course work past a Master's degree level..... ☐
- Doctoral degree..... ☐

45. What type of teaching certification do you have? MARK (X) ONE RESPONSE.

- a. None..... ☐
- b. Temporary, probational, provisional, or emergency certification..... ☐
- c. Certificate for completion of an alternative certification program..... ☐
- d. Regular or standard state certificate or advanced professional certificate..... ☐
- e. The highest certification available (permanent or long-term)..... ☐

46. In what areas are you certified? MARK (X) ONE RESPONSE ON EACH LINE.

- | | <u>Yes</u> | <u>No</u> |
|--------------------------------|--------------------------|--------------------------|
| a. Elementary education..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Early childhood..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Special education..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Other (PLEASE SPECIFY)..... | <input type="checkbox"/> | <input type="checkbox"/> |

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47. In which of the following staff development and training activities have you participated (or plan to participate) during the current academic year? MARK (X) ONE RESPONSE ON EACH LINE.

| | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| a. Workshops involving study groups or small-group problem solving..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Direct instruction from an outside consultant on a specific topic..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Peer observation and feedback..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Visits to, or observations of, other schools..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Release time for attending early childhood professional conferences..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Enrollment in college or university courses..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Professional development via distance learning (web-based, etc.)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Workshops on computers and technology in the classroom..... | <input type="checkbox"/> | <input type="checkbox"/> |

48. How many college courses have you completed in the following areas? MARK (X) ONE RESPONSE ON EACH LINE.

| | NUMBER OF COURSES | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6+ |
| a. Early childhood education..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Elementary education..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Special education..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. English as a Second Language (ESL) or English Language Learning (ELL)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Child development..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Methods of teaching reading..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Methods of teaching language arts..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Methods of teaching mathematics..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Methods of teaching science..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Classroom management..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Date questionnaire completed:

| | | | | | | | | | |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| MONTH | | | DAY | | | YEAR | | | |

THANK YOU FOR YOUR COOPERATION

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|

